

ATTORNEY DOCKET NO. A-7258
ELECTRONIC FILING
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	
)	
Rodriguez et al.)	Art Unit: 2623
)	
Application No. 09/896,390)	Examiner: Van Handel, Michael P.
)	
Filing Date: June 29, 2001)	Confirmation No. 1010
)	
For: “SYSTEM AND METHOD FOR)	
ARCHIVING MULTIPLE)	
DOWNLOADED RECORDABLE)	
MEDIA CONTENT”)	

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer Number 05642

Sir:

Transmitted herewith is/are the following in the above-identified application:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Response to Office Action
<input type="checkbox"/> Fee as calculated below
<input type="checkbox"/> No Additional Fee Required
<input type="checkbox"/> Corrected Drawings | <input type="checkbox"/> Petition For Extension of Time
<input type="checkbox"/> Supplemental Declaration
<input type="checkbox"/> Terminal Disclaimer
<input checked="" type="checkbox"/> Other <u>RCE</u> |
|---|--|

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	33	59	0	X \$50.00	\$
Independent Claims	1	7	0	X \$210.00	\$
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$370.00	\$

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EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$460 <input type="checkbox"/>	3 rd Month \$1050 <input type="checkbox"/>	4 th Month \$1640 <input type="checkbox"/>	5 th Month \$2230 <input type="checkbox"/>		\$
<input type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -							- \$
TOTAL FEE DUE							\$

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Payment by credit card in the amount of \$_____ for the fees designated above is submitted via enclosed Form PTO-2038.
- ☒ Payment by credit card in the amount of \$ 810 for the fees designated above is submitted via EFS-Web.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

_____/David A. Cornett/
David A. Cornett
Registration No. 48,417

Customer Number 05642